

Global 2 - Summary of Benefits



All treatment and services marked with an asterisk () require precertification. If treatments are not precertified, eligible medical conditions will be reduced by 50%.

Benefit Levels	In Country and Worldwide	United States	United States
	Jamaica/Caribbean Islands/ Worldwide	In-Network	Out of Network
Period of Cover	12 months		
Maximum Limit Payable for eligible conditions per person per year	\$1,000,000		
Deductible for Eligible Conditions Waived for Emergency, Health Checks, Vision and Dental	In Country / Worldwide \$0 / United States \$2,500 In Country / Worldwide \$200 / United States \$2,500 In Country / Worldwide \$500 / United States \$5,000		
Coinsurance For Eligible Conditions Per Eligible Conditions per Period of Cover			
Medical Management Services	Coinsurance Out-of-Pocket Maximum is waived for services rendered in the U.S. when services and providers are approved by Seven Corners		
Coinsurance Out-Of-Pocket Maximum Per Eligible Medical Condition per Period of Cover (In addition to deductible)	Plan pays 100% Insured pays 0%	Plan pays 80% Insured pays 20%, up to \$2,000	Plan pays 50% Insured pays 50%, up to \$5,000
Outpatient Treatment			
MRI, CAT and PET scans*	100%	80%	50%
Surgical Procedures*	100%	80%	50%
Oncology* Radiation therapy (radiotherapy), chemotherapy, oncology drugs, physician visits, laboratory & radiology relating to oncology treatment	100%	80%	50%
Dialysis* Jamaica and Caribbean Islands Only (Acute kidney failure). Max. Limit: \$500,000	100%	Not Applicable	Not Applicable
Dialysis* U.S. (Acute kidney failure) Max. Months: 6	Not Applicable	80%	50%
Dialysis* Worldwide (Acute kidney failure) Max. Months: 6	100%	Not Applicable	Not Applicable
Day-Patient And Inpatient Treatment All Inpatient Treatment Requires Precertification			
Hospital Service including Room and Board, and Diagnostic Services*	100%	80%	50%
Drugs, Dressings and Appliances	100%	80%	50%
Intensive Care Unit and Diagnostic Services*	100%	80%	50%
MRI, CAT and PET Scans*	100%	80%	50%
Doctors' Fees for Surgical and Medical Services	100%	80%	50%
Oncology* Radiation therapy (radiotherapy), chemotherapy, oncology drugs, physician visits, laboratory & radiology relating to oncology treatment	100%	80%	50%
Psychiatric Treatment* Max. Days: 30, Lifetime Max. Days: 90	100%	80%	50%
Parent Accommodation Max. per Day: \$250	100%	80%	50%
Dialysis* Jamaica and Caribbean Islands Only (Acute kidney failure) Max. Limit: \$500,000	100%	Not Applicable	Not Applicable
Dialysis* U.S. (Acute kidney failure) Max. Months: 6	Not Applicable	80%	50%
Dialysis* Worldwide (Acute kidney failure) Max. Months: 6	100%	Not Applicable	Not Applicable
Other Benefits			
Emergency Local Ambulance Deductible & coinsurance waived, includes local road and local air ambulance	100%	100%	100%
Home Health Care* Max. Days: 20	100%	80%	50%
Maternity Cover* Available after 10 months of coverage	100%	80%	50%

All coverage and benefits in this Policy are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations. This is only a summary and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

Benefit Levels	In Country and Worldwide	United States	United States
	Jamaica/Caribbean Islands/ Worldwide	In-Network	Out of Network
Other Benefits (continued)			
Complications of Pregnancy* Available after 10 months of coverage	100%	80%	50%
Health Checks Available after 10 months of coverage, deductible & coinsurance waived, Max. Limit: \$300	100%	100%	100%
Organ Transplants* Must be approved in advance by the Plan Administrator	100%	80%	50%
Congenital Anomalies Max. Limit: \$500,000	100%	80%	50%
Evacuation* Deductible & coinsurance waived, must be approved in advance and coordinated by the plan administrator	100%	100%	100%
Return of Mortal Remains Deductible & coinsurance waived, approved in advance and coordinated by the plan administrator, Max. Limit: \$10,000	100%	100%	100%
AIDS Max. Limit: \$15,000; Expenses are limited to pre- and post-diagnosis consultations, routine check-ups for this condition, drugs and dressings (except experimental or those unproven), hospital accommodation and nursing fees.	100%	80%	50%

All coverage and benefits in this Policy are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations. This is only a summary and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.